U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only	
READ THE INSTRUCTIONS	CAREFULLY BEFORE PREPARING THIS REPORT
1 '\ - \%'	
OLMS	
1 File Number U 1/647	2 Fiscal Year Covered From
	[1]/[1]/2005 Through [2]/31/2005
3 Name and address of person filing	4 Name file number and address of labor organization
Name Enrique K Sub ano	Name Waterproofers & Allied Workers, Local 221
	Labor Organization File Number 012210
	Labor Organization File Number 8(22(8)
PO Box Bidg Room No If any Po Box 17250	PO Box Building and Room Number if any Po Box 17250
Street	Street
City	City Handrala
State Hawaii ZIP Code + 4 966	517 State Hanail ZIP Code + 4 96817
5 Position in labor organization	The state of the s
Enter appropriate data below if during the past liscal year you o (except as specified i	r your spouse or minor child directly or indirectly had any of the following interests in the exclusions set forth in the instructions)
A Held an interest in engaged in transactions (including loans	with or derived income or other economic benefit of
monetary value from an employer whose employees your o	rganization represents or is actively seeking to represent
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State ZIP Code + 4 15 Signature and verification. The undersigned declares under	Signature , penalty of Perjury and other applicable penalties of the law that all of the information accompanying documents) has been examined by the signatory and is to the best of the
State ZIP Code + 4 15 Signature and verification. The undersigned declares under submitted in this report (including the information cointained in any a undersigned s knowledge and belief true correct and complete (\$\frac{1}{2}\)	Signature , penalty of Perjury and other applicable penalties of the law that all of the information accompanying documents) has been examined by the signatory and is to the best of the See the section on penalties in the instructions)
State ZIP Code + 4 15 Signature and verification. The undersigned declares under submitted in this report (including the information contained in any a	Signature , penalty of Perjury and other applicable penalties of the law that all of the information accompanying documents) has been examined by the signatory and is to the best of the See the section on penalties in the instructions)

Name of Person Filing Enrique K Sub 300	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from elling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
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10 If 9 b or 9 c is checked give trust or employer's name Name Response Local 221 Trust Fund Trade Name if any PO Box Bidg Room No if any Street 1199 Dill Sham Bived \$2000 City Handlulu State 11 ava 1 ZIP Code + 4 90017	11 a Nature of such dealing Trans and advantage of a such dealing 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received			
	12 b Amount			
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Ccde + 4	or other thing of value 14 a Nature of payment			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment			

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13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		
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Name of Person Filing Enrique K Sub one	File Number U			
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13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
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